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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Yenke, Brian P.
Firm: U.S. Patent and Trademark Office
Art Unit 2614
Facsimile: (571) 273-8300
From: Thomas F. Presson
Date: February 16, 2006
Re: FLH Ref No.: 450100-03743
Serial No: 10/085,659

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Number of Pages: 19
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003432:3

PATENT
450100-03743IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tomohiro Nishi, et al.
 Serial No. : 10/085,659
 Filed : February 26, 2002
 For : OPTICAL STATE MODULATION METHOD AND SYSTEM, AND
 OPTICAL STATE MODULATION APPARATUS
 Examiner : Yenke, Brian P.
 Art Unit : 2614

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	23	Minus	** = 23	* 0 x	\$50 (25)	= \$ 0
Independent claims	15	Minus	*** = 15	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

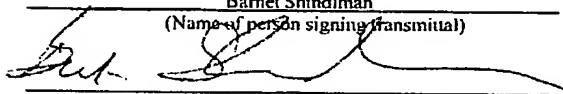
- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ _____ is attached, which covers the cost of ☐ Terminal Disclaimer _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

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Barnet Shindelman

(Name of person signing transmittal)



Signature

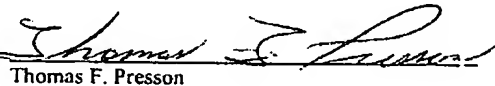
February 16, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

003432t1

U.S. Patent Application No. 10/085,659
Reply to Office Action dated November 25, 2005

PATENT
450100-03743

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

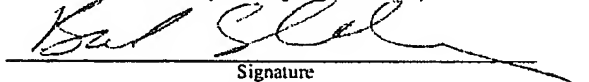
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APPARATUS
Examiner : Yenke, Brian P.
Art Unit : 2614
Confirmation No. : 8660

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Barnet Shindlman
(Name of person signing transmittal)


Signature

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RESPONSE UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on November 25, 2005, having
a three-month statutory period for response set to expire on February 27, 2006 (February 25,
2006 being a Saturday), please amend the above-captioned application as follows.

U.S. Patent Application No. 10/085,659
Reply to Office Action dated November 25, 2005

PATENT
450100-03743

Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 15 of this paper.